

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
IPLA Executive Director

Architect & Landscape Architect Renewal Form

Your architect or landscape architect license is expired. You may renew online at www.pla.in.gov or complete and mail this form with the renewal fee of \$120 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 12/31/2013 you must include a \$50 late fee. If you answer 'Yes' to questions 1-3 below, please send a signed and notarized statement fully explaining the response plus any additional documentation with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
<u>Licensee Name</u>	<u>License Number</u>	<u>Expiration Date</u>	<u>Renewal Fee</u> \$170
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS		
1. Since you last renewed, has any professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CONTINUING EDUCATION VERIFICATION (CE is not required if your license was issued after 10/1/2011)		
4. Have you completed the required Continuing Education (CE)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you want to renew to active or inactive status (check one)?	Active <input type="checkbox"/>	Inactive <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the State Board of Registration for Architects & Landscape Architects please email pla10@pla.in.gov or call 317-234-3022.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date